

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830727

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8	2		/			
9	2		/			
10	1		/			
11	1		/			
12	/		/			
13	/		/			
14	/		/			
15	3		/			
16	3		/			
17	3		/			
18	3		/			
19	3		/			
20	3		/			
21	3		/			
22	3		/			
23	3		/			
24	3		/			
25						
26	0		/			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	30		22			
TOTAL CLAIMS	32		24			

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS